

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP		
1	1												
2													
3		2											
4		2											
5		2											
6	1												
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9		3											
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TOTAL IND.	3												
TOTAL DEP.	16												
TOTAL CLAIMS	19												
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